

PTO/SB/83 (01-03)

Approved for use through 11/30/2005. OMB 0651-0035

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09/819,941
Filing Date	03/27/2001
First Named Inventor	Stacey et al.
Art Unit	2692
Examiner Name	Han
Attorney Docket Number	020510-001000US

**To: Commissioner for Patents
Washington, DC 20231**

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: At the request of the client: Ciena Corporation.

RECEIVED**SEP 27 2004****Technology Center 2600**

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Bar Code Label here**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Kris V. Kalidindi, Esq.				
Address	Potomac Patent Group, PLLC				
Address	2010 Corporate Ridge, Suite 700				
City	McLean	State	VA	ZIP	22102
Country	U.S.A.				
Telephone	703-749-7730	Fax	703-749-7719		

- ☒ This request is made on behalf of myself and
☐ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number 20350

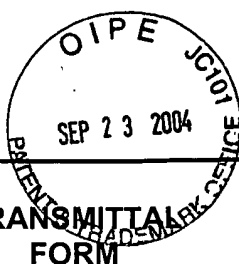
This request is enclosed in triplicate (including any attachments).

Name Kenneth Allen, Reg. No. 27,301, Townsend and Townsend and Crew, LLP

Signature *Kenneth R. Allen*Date *9/20/04***NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.**

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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PTO/SB/21 (04-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/819,941	RECEIVED SEP 27 2004 Technology Center 2600
	Filing Date	03/27/2001	
	First Named Inventor	Stacey	
	Art Unit	2665	
	Examiner Name	Han	
Total Number of Pages in This Submission	2	Attorney Docket Number	020510-001000US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Request for Withdrawal as Attorney or Agent
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Townsend and Townsend and Crew LLP Kenneth R. Allen Reg. No. 27,301	
Signature	<i>Kenneth R. Allen</i>	
Date	9/20/04	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Brad J. Loos	
Signature	<i>Brad J. Loos</i>	Date 9-20-04